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FEC FORM 2

STATEMENT OF CANDIDACY

` '	Name of Candidate (in	,									
				heck if addre	ss changed		Candidate's FEC Identification Number S0IA00028				
(c) (c) City, State, and ZIP Code						3. Is This		2W	Δ	Amended
	CEDAR FALLS		IA 50613			Staten				A)	
4. Part	y Affiliation		5. Office Soug	ht		6. State & Dis	trict of Candid	date			
RE	PUBLICAN PARTY		Senate			IA	00				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7. I he	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)										
NOT	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
(a) Name of Committee (in full) GRASSLEY COMMITTEE, INC.											
(b) A	Address (number and PO BOX 1000	street)									
(c) (City, State, and ZIP Co	ode									
	DES MOINES					IA	50304	1-1000			
DESIGNATION OF OTHER AUTHORIZED COMMITTES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee.											
(a) N	Name of Committee (i	n full)									
	Hawkeye Fur										
` '	Address (number and PO Box 156	street)									
(c) (City, State, and ZIP Co	ode									
	Des Moines					IA	50301	-0156			
	I certify that	I have exan	nined this Sta	tement and to	the best of r	ny knowledge a	and belief it is	s true, correct	and comple	ete.	
Signature of Candidate							Date				
Grassley, Charles, , ,				[Electronically Filed]			04/05/20	21			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)							
	CORNYN VICTORY COMMITTEE							
	(b) Address (number and street) PO BOX 13026							
	(c) City, State, and ZIP Code							
	AUSTIN NC 78711							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)							
	2021 SENATORS CLASSIC COMMITTEE							
	(b) Address (number and street) 228 S. WASHINGTON STREET SUITE 115							
	(c) City, State, and ZIP Code							
	ALEXANDRIA VA 22314							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street)							
	(c) City, State, and ZIP Code							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)							
	(b) Address (number and street)							
	(c) City, State, and ZIP Code							